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SPED
January 2020

Davis School District Special Education
Developmental History Form

The information obtained on this form is confidential and will be used for educational purposes only.

Current Date:

General Information			
Student ID :	Student Name (Last, First):		
Date of Birth:		Grade:	
Street Address:		City:	
State:	Zip Code:	Phone:	
Student lives with (guardian/parent names):		Relationships:	
How many brothers and sisters does this student have?	Full:	Half:	Step:
Ages of brothers and sisters living at home:	Brothers' Ages:	Sisters' Ages:	
Student's First Language Spoken:		Student's place of birth:	
Guardians'/Parents' Native Language:		Student's previous places of residence:	

Family Medical and Educational History		
Are there any diseases that run in the family?	☐ Alcoholism	☐ Depression
☐ Cancer: (type)	☐ Heart Disease	☐ Diabetes
☐ Other: (describe)		
Are there any family members that had difficulty in school? ☐ No ☐ Yes		
If yes, please describe:		

Student's Birth History				
Age of mother at time of student's birth:		Age of father at time of student's birth:		
How many pregnancies for the mother?		Which pregnancy was this student?		
Pregnancy Details: ☐ Full Term	☐ Premature (How early_____?)	☐ Bleeding	☐ Excessive Vomiting	
☐ Illness of mother (please describe):				
☐ Other than vitamins, medications taken by the mother during pregnancy (please list):				
Delivery	Hours of labor:	☐ Cesarean	☐ Forceps	☐ Breech
	Medications given during labor:			
Condition at Birth	Weight: Length:	Apgar scores if known:		
	☐ Incubator	☐ Trouble Breathing	☐ Needed Oxygen	
	Length of stay in the hospital:			
	Other information about condition at birth:			

Developmental History		
Please indicate at what age your student did the following:		
Sitting up:	Crawling:	Walking:
Talking (more than 2 words):	Slept through the night:	Bladder Control:
Bowel Control:	Independent toileting:	Dry at night:

Habits	☐ Thumb sucker, until what age?			
	☐ Favorite blanket/stuffed animal, until what age?			
	☐ Temper tantrums	☐ Aggressive toward siblings/other children	☐ Passive (hard to motivate)	☐ Overactive
	☐ Picky eater	☐ Eats well	☐ Head banging	☐ Nail Biting
	Other:			
Current Sleep Habits	Average hours per night:			☐ Light sleeper
	☐ Sound sleeper	☐ Restless		☐ Nightmares
	☐ Walks in his/her sleep	☐ Talks in his/her sleep		☐ Sleeps with parents
	☐ Grinds teeth	☐ Trouble getting to sleep		☐ Difficult to get to bed
	Sleeps in the room with:			
Social Behavior and Relationships	**Personality:**			
	☐ Friendly	☐ Shy		☐ Imaginative
	☐ Passive	☐ Leader		☐ Follower
	☐ Easily influenced by others	☐ Mood swings		☐ Under reacts to events
	☐ Can entertain self	☐ Needs to be given activities		☐ Affectionate
	☐ Doesn't like hugs/physical contact.		☐ Other:	
	Social Relationships:			
	☐ Prefers younger friends	☐ Plays with older children		☐ Plays best with one student
	☐ Interacts mostly with adults	☐ Able to work out conflicts		☐ Needs help working out conflicts
	☐ Aggressive with friends	☐ Doesn't have friends		☐ Plays well with a group
	☐ Other:			
Family History and Dynamics	**Family Relationships:**			
	☐ Gets along well with brothers	☐ Doesn't get along well with brothers		☐ Good relationship with dad
	☐ Gets along well with sisters	☐ Doesn't get along well with sisters		☐ Good relationship with mom
	Presently having a difficult time getting along with: ☐ Mom ☐ Dad ☐ Other:			
	Confides in: ☐ Mom ☐ Dad ☐ Other:			
	Family Activities:			
	☐ Able to spend time together on weekends		☐ Watches TV together	
	☐ Eats meals together: ☐ breakfast ☐ lunch		☐ Student would rather spend time with friends	
	☐ Currently having a hard time finding time to spend together		☐ Other	
	Discipline:			
	☐ Easy to discipline		☐ Hard to discipline	
	☐ Mother disciplines		☐ Father disciplines	
	☐ Presently having a difficult time finding an effective form of discipline.			
	Methods of discipline:			
	☐ Sent to room	☐ Privileges taken away		☐ Spanking
	☐ No TV	☐ Talked to		☐ Nothing seems to work
	☐ Other:			
	Chores:			
	What are your student's chores:			
	☐ Doesn't have any chores	☐ Doesn't follow through on chores		☐ Very responsible with chores
	Types of Rewards your Student Likes:			
	☐ Food	☐ Time with parents		☐ Going someplace special

	☐ Play time	☐ TV	☐ Video Games
	☐ Stickers	☐ Other:	
	Favorite Activities		
	☐ Playing outside	☐ Playing board games	☐ Having friends over
	☐ TV	☐ Video games	☐ Reading
	☐ Eating	☐ Doing something with parent(s)	☐ Playing by him/her self
	☐ Sports, which ones?		
	☐ Plays on sports team(s), which ones?		
	Traumatic Experiences		
	☐ Death of a family member, who?		
	☐ Divorce of parents, when?		
	☐ Witnessed violence – please describe:		
	☐ Emotional trauma – please describe:		
Health Information and Relevant Data	**Illnesses:**		
	☐ Chicken pox	☐ Convulsions	☐ High fevers
	☐ Diabetes	☐ Anemia	☐ Frequent colds
	☐ Frequent headaches	☐ Frequent infections	☐ Seizures
	☐ Ear infections, what ages?		☐ Tubes in ears
	☐ Allergies to:		
	☐ Other:		
	Accidents:		
	☐ Head injury, please describe:		
	☐ Other accidents, please describe:		
	☐ Surgeries/Operations, please describe:		
	☐ Prescription Medication	☐ Past:	☐ Current:
	Does your student experience stomach aches before school? ☐ Yes ☐ No		
	Does your student experience headaches? ☐ Yes ☐ No		
	Does your student experience facial twitches? ☐ Yes ☐ No		
	Age at last physical exam:	Age at last dental exam:	
	Does your student wear glasses? ☐ Yes ☐ No		
	If yes, wears glasses for ☐ nearsightedness (can't see objects far away) ☐ farsightedness (can't see objects up close)		
Parent Input	What are your student's strengths?		
	What are your greatest concerns about your student?		
Form completed by:		**Relationship to student:**	

_____ _____

Mental Health Professional Signature Date